

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035431

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206Primary Registration District No. 5752Registrar's No. 87

FILED SEP 25 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FREDERICKTOWNLength of stay in 1b
7 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Route 1Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY MADISON

c. CITY OR TOWN FREDERICKTOWN

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route 1Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

NOAH

ELMER THOMPSON

4. DATE OF DEATH

Month

Day

Year

SEPT. 15, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9-14-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR
Months 0 Days 7IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

LIBERTYVILLE, MO. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

SAMUEL THOMPSON

13b. MOTHER'S MAIDEN NAME

ANNIE PIPKINS

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

YES

(If yes, give war or dates of service)
W.W. ONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JOSEPH THOMPSON, FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot Wound In Left Side Of Chest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
Indetermined

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 8:15
a.m. ☒ p.m. ☒Month, Day, Year
9-15-6220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Farm

20f. CITY, TOWN, OR LOCATION

Fredericktown

COUNTY

Madison Mo.

STATE

21. I attended the deceased from _____, to _____

and last saw him alive on _____

Death occurred at _____

8:45

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ray Wilson Coroner

22b. ADDRESS

Fredericktown Mo.

22c. DATE SIGNED

9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-17-62

23c. NAME OF CEMETERY OR CREMATORY

MARCUS MEMORIAL PARK

23d. LOCATION (City, town, or county)

MADISON COUNTY

23e. STATE

Missouri

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.

9-17-1962

26. REGISTRAR'S SIGNATURE

Florence Pickler

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Reiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline
FREDERICKTOWN MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.